

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - 6944 | 2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 3 / 04 |
| 3. Name and address of person filing. Name Benjamin S Bryan P.O. Box, Bldg., Room No., if any Street 2508 Little John Court City Savannah State Georgia ZIP Code + 4 31406 | 4. Name, file number, and address of labor organization. Name I. L. A., Local #1414 Labor Organization File Number 009926 P.O. Box, Building and Room Number, if any P. O. Box 1262 Street 221 East Lathrop Avenue City Savannah State Georgia ZIP Code + 4 31402-1262 |
| 5. Position in labor organization. President | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u></u> | On <u>8-10-05</u> | Telephone Number _____ |
| | Date | |

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| Name of Person Filing Benjamin Bryan | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name IIA - Employers Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 1280</p> <p>Street 510 West Bryan Street</p> <p>City Savannah</p> <p>State Georgia ZIP Code + 4 31498-1280</p> | <p>14.a. Nature of payment.</p> <p>Travel reimbursement for Mr. Bryan to attend MILA benefits meeting in Scranton, Pennsylvania on November 16-18, 2004; however, since Local #1414 paid all of President Bryan's expenses for his</p> <p>(see next page)</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> <p>\$1,068</p> |

Part C Continuation Page

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |

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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
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| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. attendance to the meeting , the reimbursement ckeck was given to and deposited by local # 1414 in it's checking account. President Bryan did not receive any benefit from the reimbursement. |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |